



Wyoming Department of Health  
TB Medication Assistance Program Formulary

The Wyoming Department of Health (WDH) TB Communicable Disease Program provides medication assistance for individuals with suspected or active TB as well as persons diagnosed with latent TB infection who are currently residing in the state of Wyoming. WDH is the payer of last resort and personal insurance or Medicare/caid must be billed if an individual is enrolled in any of those plans.

*Any provider can request enrollment in the medication assistance program by submitting a completed TB Risk Assessment and a copy of the prescription and chest x-ray result. Prescriptions can be only be filled at pharmacies in Wyoming for 30 days at a time.*

*Individuals must meet the following criteria to qualify for enrollment:*

**Latent TB infection:**

A case that meets both of the following criteria:

- Positive tuberculin skin test (TST) and/or positive Interferon Gamma Release Assay (IGRA) for *M. tuberculosis*.
- Chest x-ray, CT, or other chest imaging study which shows findings *not consistent* with active TB disease.

**Active TB infection:**

**1) Clinical criteria:**

A case that meets **all** the following criteria:

- A positive tuberculin skin test or positive interferon gamma release assay for *M. tuberculosis*
- Other signs and symptoms compatible with tuberculosis (e.g., abnormal chest radiograph, abnormal chest CT or other chest imaging study, or clinical symptoms consistent with current disease)
- A complete diagnostic evaluation

**OR**

**2) Laboratory criteria for diagnosis**

- Isolation of *M. tuberculosis* from a clinical specimen OR
- Nucleic acid amplification testing (NAAT) positive for Mtb complex OR
- Acid-fast bacilli in a clinical specimen when a culture cannot be completed or is contaminated

**Listed below is the current Wyoming Department of Health TB medication formulary:**

<b>Medication Name</b>	<b>Dosage</b>	<b>Tablets/capsules per bottle</b>
Isoniazid (INH)	300 mg	#30
Isoniazid (INH)	100 mg	#100
Liquid INH	50 mg/5 ml	pint size bottle
Rifampin (RIF)	300 mg	#60
Rifampin (RIF)	150 mg	#30
Rifapentine	150mg	#24 or #32 blister pack
Pyrazinamide (PZA)	500 mg	#60 and #90
Pyridoxine (Vitamin B6)	25-100 mg	any
Ethambutol (EMB)	400 mg	#60 and #90
Ethambutol (EMB)	100 mg	#100
Levofloxacin (Levaquin)	250 mg	#50 and #100
Levofloxacin (Levaquin)	500 mg	#50 and #100
Levofloxacin (Levaquin)	750 mg	#50 and #100
Levofloxacin (Levaquin)	oral solution	any
Moxifloxacin (Avelox)	400 mg	#30
Streptomycin	1 g vials	10 vials per box
Sterile water	10 ml vials	25 vials per box
Rifabutin (Mycobutin)	150 mg	#100
Ethionamide (Trecator-SC)	250 mg	#100
PAS (p-Aminosalicylic Acid) (Paser)	4 g	30 granule packets per box
Cycloserine (Ceromycin)	250 mg	#40
Bedaquiline (Sirturo)	100 mg	Any